## MASSACHUSETTS DEP/DRINKING WATER PROGRAM CHLORINE/CHLORAMINES REPORT

PWS ID s:   3213000   2. City/Town:   North Reading   3. PWS Name:   North Reading   Water Department   4. PWS Class: COM   X   NTNC   NTNC   PWS ID s:   3213000   2. City/Town:   North Reading   3. PWS Name:   North Reading   Water Department   4. PWS Class: COM   X   NTNC   NTNC   PWS ID s:   3213000   2. City/Town:   North Reading   3. PWS Name:   North Reading Water Department   4. PWS Class: COM   X   NTNC   NTN	I. PWS INFORMAT	ION: Please refer to your DEP \	Water Quality Samp	ling Schedule to	help complete this sec	ction				
Notes:    II. LABORATORY ANALYTICAL INFORMATION: Please refer to your DEP Coliform Sampling Plan for Approved Sampling Locations and Location IDs Lab Cert a: N/A   N/A	1. PWS ID #: 32	213000 2. City/Town: N	North Reading				1	DWC Classic Co	N/V	
Lab Cert #: N/A   Sub-contracted (1/N)   N   Sub. Lab Name:   N/A   Sub-contracted (1/N)   N/A   Sub-co	Notes:		- I I I I I I I I I I I I I I I I I I I	] 3.1 113 112	inc. Two Th Redding	water Departm	<u>ent</u> 4.	PWS Class: CC		ATNC _
Lab Cert #:   N/A   Sub-contracted   N/A	II. LABORATORY	ANALYTICAL INFORMATION	I. Plane refer to	DED G. U.C.	Control of the contro		The state of the s	Ann ann an Maria San Annaire		
Subcontracted? (Y/N)   N   Sub. Lab Name:   N/A   Sub Cert #:   N/A   Sub Cert #:   N/A	Analyzed By:	Samples analyed by collector	listed below	our DEP Confor	m Sampling Plan for A	Approved Sampling	Locations and			
Notes:   N							_	Lab Cert #:	N/A	
DEP APPROVED SAMPLE SITE (1)		Sub. Lab Name:	N/A					Sub Cert #:	N/A	
DATE     DATE   D		OWED CAMPLE GEREZO								
O01					COLLECTED BY (2)				4000000000	The state of the s
O01			DATE (1)	111412 (1)	COLLECTED BY (2)					1
11:10   M. Dauphinee	001	THOMPSON C.C.	07/07/15	1:05	M. Dauphinee					
O04 C.V.S. O7/07/15 10:00 M. Dauphinee TOTAL 0.02 4500-Cl 6 07/07/15 N/A  O05 HILLVIEW C.C. O7/07/15 10:35 M. Dauphinee TOTAL 0.11 4500-Cl 6 07/07/15 N/A  O06 TEMPLE OIL 07/07/15 9:10 M. Dauphinee TOTAL 0.04 4500-Cl 6 07/07/15 N/A  O07 NR HIGH SCHOOL 07/07/15 11:40 M. Dauphinee TOTAL 0.08 4500-Cl 6 07/07/15 N/A  O08 SWAN POND TANK 07/07/15 12:30 M. Dauphinee TOTAL 0.01 4500-Cl 6 07/07/15 N/A  (1) Samples shall be taken at the same routine sample distribution site and at the same time as Total Coliform.  (2) If measured in the field list the field analyst.  Primary Certified Operator or Laboratory Director Signature and Date:  WAVE TOTAL 0.01 4500-Cl 6 07/07/15 N/A  (1) Samples shall be taken at the same routine sample distribution site and at the same time as Total Coliform.  (2) If measured in the field list the field analyst.  Primary Certified Operator or Laboratory Director Signature and Date:  WAVE TOTAL 0.01 4500-Cl 6 07/07/15 N/A  DATE AVERAGE OF TIME AVERAGE OF THREE DATE AVERAGE OF THREE DATE AVERAGE OF THREE DATE AVERAGE OF THREE DATE AND LATE AS COMPLETED	003	HOOD SCHOOL	07/07/15	11:10	M. Dauphinee	TOTAL	0.31	4500-Cl G	07/07/15	
006 TEMPLE OIL 07/07/15 9:10 M. Dauphinee TOTAL 0.04 4500-Cl 6 07/07/15 N/A 007 NR HIGH SCHOOL 07/07/15 11:40 M. Dauphinee TOTAL 0.08 4500-Cl 6 07/07/15 N/A 008 SWAN POND TANK 07/07/15 12:30 M. Dauphinee TOTAL 0.01 4500-Cl 6 07/07/15 N/A  (1) Samples shall be taken at the same routine sample distribution site and at the same time as Total Coliform. (2) If measured in the field list the field analyst.  Primary Certified Operator or Laboratory Director Signature and Date:  III. DBPR COMPLIANCE REPORTING:  Average Result of all Samples from Month mg/L: 0.06 Quarterly Average mg/L = Average of three monthly averages: 0.10  Running Annual Average mg/L = Average of this quarter and three prior consecutive quarterly averages: 0.22  I certify under penalty of law that I am the person authorized to fill out this form and the information contamps herein is true, accurate, and complete to the best of my knowledge and belief.  Primary Certified Operator or Laboratory Director Signature and Date: 0.22  Attention: Mail TWO copies of this report to your DEP Regional Office within 30 days of receipt of results and no later than 10 days after the end of the reporting period.	004	C.V.S.	07/07/15	10:00	M. Dauphinee	TOTAL	0.02	4500-CI G	07/07/15	N/A
O07 NR HIGH SCHOOL 07/07/15 11:40 M. Dauphinee TOTAL 0.08 4500-Cl 6 07/07/15 N/A  O08 SWAN POND TANK 07/07/15 12:30 M. Dauphinee TOTAL 0.01 4500-Cl 6 07/07/15 N/A  (1) Samples shall be taken at the same routine sample distribution site and at the same time as Total Coliform.  (2) If measured in the field list the field analyst.  Primary Certified Operator or Laboratory Director Signature and Date:  III. DBPR COMPLIANCE REPORTING:  Average Result of all Samples from Month mg/L: 0.06 Quarterly Average mg/L = Average of three monthly averages: 0.10  Running Annual Average mg/L = Average of this quarter and three prior consecutive quarterly averages: 0.22  I certify under penalty of law that I am the person authorized to fill out this form and the information contamped herein is true, accurate and complete to the best of my knowledge and belief. Primary Certified Operator or Laboratory Director Signature and Date: 1. Z3.\  Attention: Mail TWO copies of this report to your DEP Regional Office within 30 days of receipt of results and no later than 10 days after the end of the reporting period.	005	HILLVIEW C.C.	07/07/15	10:35	M. Dauphinee	TOTAL	0.11	4500-CI G	07/07/15	N/A
008 SWAN POND TANK 07/07/15 12:30 M. Dauphinee TOTAL 0.01 4500-Cl 6 07/07/15 N/A  (1) Samples shall be taken at the same routine sample distribution site and at the same time as Total Coliform.  (2) If measured in the field list the field analyst.  Primary Certified Operator or Laboratory Director Signature and Date:  MII. DBPR COMPLIANCE REPORTING:  Average Result of all Samples from Month mg/L: 0.06 Quarterly Average mg/L = Average of three monthly averages: 0.10  Running Annual Average mg/L = Average of this quarter and three prior consecutive quarterly averages: 0.22  I certify under penalty of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best of my knowledge and belief.  Primary Certified Operator or Laboratory Director Signature and Date: 1.73.15  Attention: Mail TWO copies of this report to your DEP Regional Office within 30 days of receipt of results and no later than 10 days after the end of the reporting period.	006	TEMPLE OIL	07/07/15	9:10	M. Dauphinee	TOTAL	0.04	4500-CI G	07/07/15	N/A
(1) Samples shall be taken at the same routine sample distribution site and at the same time as Total Coliform.  (2) If measured in the field list the field analyst.  Primary Certified Operator or Laboratory Director Signature and Date:  III. DBPR COMPLIANCE REPORTING:  Average Result of all Samples from Month mg/L:  One Quarterly Average mg/L = Average of three monthly averages:  I certify under penalty of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best of my knowledge and belief.  Primary Certified Operator or Laboratory Director Signature and Date:  Attention: Mail TWO copies of this report to your DEP Regional Office within 30 days of receipt of results and no later than 10 days after the end of the reporting period.	007	NR HIGH SCHOOL	07/07/15	11:40	M. Dauphinee	TOTAL	0.08	4500-Cl G	07/07/15	N/A
Primary Certified Operator or Laboratory Director Signature and Date:  MULDER COMPLIANCE REPORTING:  Average Result of all Samples from Month mg/L:  O.06  Quarterly Average mg/L = Average of three monthly averages:  O.10  Running Annual Average mg/L = Average of this quarter and three prior consecutive quarterly averages:  O.22  I certify under penalty of law that I am the person authorized to fill out this form and the information contained herein is true. accurate and complete to the best of my knowledge and belief.  Primary Certified Operator or Laboratory Director Signature and Date:  Attention: Mail TWO copies of this report to your DEP Regional Office within 30 days of receipt of results and no later than 10 days after the end of the reporting period.  FOR DEP/DWP USE ONLY: PLEASE INITIAL AND DATE AS COMPLETED	008	SWAN POND TANK	07/07/15	12:30	M. Dauphinee	TOTAL	0.01	4500-CI G	07/07/15	N/A
Primary Certified Operator or Laboratory Director Signature and Date:  MULDER COMPLIANCE REPORTING:  Average Result of all Samples from Month mg/L:  O.06  Quarterly Average mg/L = Average of three monthly averages:  O.10  Running Annual Average mg/L = Average of this quarter and three prior consecutive quarterly averages:  O.22  I certify under penalty of law that I am the person authorized to fill out this form and the information contained herein is true. accurate and complete to the best of my knowledge and belief.  Primary Certified Operator or Laboratory Director Signature and Date:  Attention: Mail TWO copies of this report to your DEP Regional Office within 30 days of receipt of results and no later than 10 days after the end of the reporting period.  FOR DEP/DWP USE ONLY: PLEASE INITIAL AND DATE AS COMPLETED										
Primary Certified Operator or Laboratory Director Signature and Date:  MULDER COMPLIANCE REPORTING:  Average Result of all Samples from Month mg/L:  O.06  Quarterly Average mg/L = Average of three monthly averages:  O.10  Running Annual Average mg/L = Average of this quarter and three prior consecutive quarterly averages:  O.22  I certify under penalty of law that I am the person authorized to fill out this form and the information contained herein is true. accurate and complete to the best of my knowledge and belief.  Primary Certified Operator or Laboratory Director Signature and Date:  Attention: Mail TWO copies of this report to your DEP Regional Office within 30 days of receipt of results and no later than 10 days after the end of the reporting period.  FOR DEP/DWP USE ONLY: PLEASE INITIAL AND DATE AS COMPLETED										
Primary Certified Operator or Laboratory Director Signature and Date:  MULDER COMPLIANCE REPORTING:  Average Result of all Samples from Month mg/L:  Out The second of three monthly averages:  Out The second of the second	(1) Samples shall be to	- Language de la companya de la comp								
Primary Certified Operator or Laboratory Director Signature and Date:  Moud 2	(1) Samples shall be to	aken at the same routine sample of	listribution site and	at the same time	e as Total Coliform.					
Average Result of all Samples from Month mg/L:  O.06  Quarterly Average mg/L = Average of three monthly averages:  O.10  Running Annual Average mg/L = Average of this quarter and three prior consecutive quarterly averages:  O.22  I certify under penalty of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best of my knowledge and belief.  Primary Certified Operator or Laboratory Director Signature and Date:  Attention: Mail TWO copies of this report to your DEP Regional Office within 30 days of receipt of results and no later than 10 days after the end of the reporting period.  OOR DEP/DWP USE ONLY: PLEASE INITIAL AND DATE AS COMPLETED			Name and City	1.5	11/2 /1 9	- 10 1.				
Average Result of all Samples from Month mg/L:  0.06  Quarterly Average mg/L = Average of three monthly averages:  0.10  Running Annual Average mg/L = Average of this quarter and three prior consecutive quarterly averages:  1 certify under penalty of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best of my knowledge and belief.  Primary Certified Operator or Laboratory Director Signature and Date:  Attention: Mail TWO copies of this report to your DEP Regional Office within 30 days of receipt of results and no later than 10 days after the end of the reporting period.  POR DEP/DWP USE ONLY: PLEASE INITIAL AND DATE AS COMPLETED			orrector Signature	and Date:	IVAUL C	- Ull		1. 23.15		
Running Annual Average mg/L = Average of this quarter and three prior consecutive quarterly averages:    Control of the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best of my knowledge and belief.   Primary Certified Operator or Laboratory Director Signature and Date:										ALVE SINE
Running Annual Average mg/L = Average of this quarter and three prior consecutive quarterly averages:    Consider the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best of my knowledge and belief.    Primary Certified Operator or Laboratory Director Signature and Date:    Accorded to the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best of my knowledge and belief.    Primary Certified Operator or Laboratory Director Signature and Date:   Accorded to the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best of my knowledge and belief.   Accorded to the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best of my knowledge and belief.   Accorded to the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best of my knowledge and belief.   Accorded to the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best of my knowledge and belief.   Accorded to the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best of my knowledge and belief.   Accorded to the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best of my knowledge and belief.   Accorded to the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best of my knowledge and belief.   Accorded to the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best of my knowledge and belief.   Accorded to the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best o				Quarterl	y Average mg/L = Ave	erage of three mont	hly averages:	0.10	)	
Primary Certified Operator or Laboratory Director Signature and Date:  Attention: Mail TWO copies of this report to your DEP Regional Office within 30 days of receipt of results and no later than 10 days after the end of the reporting period.  Accordingly under penalty of law that I am the person authorized to fill out this form and the information contained herein is true. accurate and complete to the best of my knowledge and belief.  T. 723.\  TOR DEPIDITION USE ONLY: PLEASE INITIAL AND DATE AS COMPLETED	Running Annual Avera	age mg/L = Average of this quart	er and three prior co	onsecutive quar	terly averages.	0.22				
Attention: Mail TWO copies of this report to your DEP Regional Office within 30 days of receipt of results and no later than 10 days after the end of the reporting period.  Asserted:  Ass	l certify under pen	alty of law that I am the person authoriz	ed to fill out this form a	nd the information	contained herein is true acc	curate and complete to	the best of my kno	wledge and belief.		
A sourts It.   DESCRIPTION   DATE AS COMPLETED	Timary Certi	men Oberator of Paporatory F	rector Signature	and Date:	Marie	1 11 10	-	7.72.15		
A sourts It.   DESCRIPTION   DATE AS COMPLETED	Attention: Mail TWO	copies of this report to your DEI	P Regional Office w	ithin 30 days of	f receipt of results and	no later than 10 day	ys after the end	of the reporting	g period.	
Accepted. Disapproved: Data Entered into WQTS: Comments:	FOR DEPIDWP USE ONLY	Y: PLEASE INITIAL AND DATE AS CO.	MPLETED							
	Accepted.	Disapproved:	Data Entere	d into WQTS:	Con	nments:				

## MASSACHUSETTS DEP/DRINKING WATER PROGRAM CHLORINE/CHLORAMINES REPORT

I. PWS INFORMATI	ON: Please refer to your DEP W	ater Quality Samp	ling Schedule to	help complete this sec	ction				
1. PWS ID # : 321	13000 2. City/Town: N	orth Reading	3. PWS Na	ame: North Reading	Water Departm	ent 1	PWS Class: Co	MV ,	UTNG [
Notes:			]	Titol III Reading	Water Departm	4.	rws Class. Co		NTNC _
II. LABORATORY A	NALYTICAL INFORMATION	Dlagge we four	DED C UC		Principles removement				
Analyzed By: 5	NALYTICAL INFORMATION camples analyed by collector	listed below	our DEP Colifor	rm Sampling Plan for A	Approved Sampling	Locations and			
Subcontracted? (Y/N)						_	Lab Cert #:		
Notes:	Sub, Lab Name:	N/A					Sub Cert #:	N/A	
	VED SAMPLE SITE (1)	COLLECTIC	NI (I)						
DEP LOCATION ID	SAMPLE LOCATION (1)	DATE (1)	TIME (1)	COLLECTED BY (2)	FREE, TOTAL OR COMBINED CHLORINE	RESULT mg/L (MRDL = 4.0 mg/L)	ANALYTICAL METHOD	DATE ANALYZED	LAB SAMPLE ID#
001	THOMPSON C.C.	07/14/15	12:50	M. Dauphinee	TOTAL	0.06	4500-Cl G	07/14/15	N/A
003	HOOD SCHOOL	07/14/15	11:10	M. Dauphinee	TOTAL	0.09	4500-Cl G	07/14/15	N/A
004	C.V.S.	07/14/15	10:00	M. Dauphinee	TOTAL	0.02	4500-Cl G	07/14/15	N/A
005	HILLVIEW C.C.	07/14/15	10:30	M. Dauphinee	TOTAL	0.05	4500-Cl G	07/14/15	N/A
006	TEMPLE OIL	07/14/15	9:15	M. Dauphinee	TOTAL	0.03	4500-Cl G	07/14/15	N/A
007	NR HIGH SCHOOL	07/14/15	11:45	M. Dauphinee	TOTAL	0.03	4500-Cl G	07/14/15	N/A
008	SWAN POND TANK	07/14/15	12:10	M. Dauphinee	TOTAL	0.01	4500-Cl G	07/14/15	N/A
(1) Samples shall be tal	ken at the same routine sample di	stribution site and	at the same time	e as Total Coliform					
(2) If measured in the f	ield list the field analyst. fied Operator or Laboratory D				- Clork	7.73	.15		
III. DBPR COMPLIAN	NCE REPORTING:								Ni na tanggan
Average Result of all S	amples from Month mg/L:	0.06	Quarterl	ly Average mg/L = Ave	erage of three mont	hly averages:	0.10		
Running Annual Avera	ge mg/L = Average of this quarte	r and three prior co	onsecutive quar	terly averages:	0.22	$\neg$		/	
i certify under pena	ilty of law that I am the person authorize	d to fill out this form a	nd the information	contained herein is true, acc	curate and complete to	the best of my kno	wledge and belief.		
,	Description of Danotatory Di	rector signature	and Date:	11/10/2014	( 1/10 + 1/1	174	12		
FOR DEP/DWP USE ONLY:	copies of this report to your DEP PLEASE INITIAL AND DATE AS COM	Regional Office w	itnin 30 days of	receipt of results and i	no later than 10 day	ys after the end	of the reporting	g period.	
Accepted:	Disapproved:		d into WQTS:	Con	nments:				
				Con					

## MASSACHUSETTS DEP/DRINKING WATER PROGRAM CHLORINE/CHLORAMINES REPORT

I. PWS INFORMAT	ION: Please refer to your DEP	Water Quality Samp	ling Schedule to	help complete this sec	ction				
1. PWS ID # : 32	213000 2. City/Town: \[ \]	North Reading		ame: North Reading		ent 4	PWS Class: C0	om[X]	NTNC
Notes:			MODELY ES VIOLESSAMS GROWN		орал п	<u> </u>	1 11 5 Class. Ct	JIII [X]	VINC _
II. LABORATORY	ANALYTICAL INFORMATION	N: Please refer to vo	our DEP Colifor	rm Campling Dlan for A	16 1		or was every	ATTO DESCRIPTION	
Analyzed By:	Samples analyed by collector	listed below	ou DEI Como	im Samping Plan for A	approved Sampling	Locations and		D NVA	ON ACCURA
Subcontracted? (Y/N		N/A				]	Lab Cert #:		
Notes:							Sub Cert #:	N/A	
DEP APPR	OVED SAMPLE SITE (1)	COLLECTIO	N (1)	T	FREE, TOTAL	RESULT mg/L			T LAB
DEP LOCATION ID	SAMPLE LOCATION (1)	DATE (1)	TIME (1)	COLLECTED BY (2)	OR COMBINED CHLORINE	(MRDL = 4.0 mg/L)	ANALYTICAL METHOD	DATE ANALYZED	SAMPLE ID#
001	THOMPSON C.C.	07/21/15	12:10	M. Dauphinee	TOTAL	0.06	4500-CI G	07/21/15	N/A
003	HOOD SCHOOL	07/21/15	11:00	M. Dauphinee	TOTAL	0.12	4500-Cl G	07/21/15	N/A
004	C.V.S.	07/21/15	10:00	M. Dauphinee	TOTAL	0.03	4500-Cl G	07/21/15	N/A
005	HILLVIEW C.C.	07/21/15	10:30	M. Dauphinee	TOTAL	0.09	4500-Cl G	07/21/15	N/A
006	TEMPLE OIL	07/21/15	9:20	M. Dauphinee	TOTAL	0.03	4500-Cl G	07/21/15	N/A
007	NR HIGH SCHOOL	07/21/15	11:45	M. Dauphinee	TOTAL	0.06	4500-Cl G	07/21/15	N/A
008	SWAN POND TANK	07/21/15	1:10	M. Dauphinee	TOTAL	0.02	4500-Cl G	07/21/15	N/A
(1) 6								1.00	
(1) Samples shall be t (2) If measured in the	aken at the same routine sample of field list the field analyst.	distribution site and	at the same tim	e as Total Coliform.					
	tified Operator or Laboratory I	Director Signature	and Date:	Marle	E Clarke	7.23.	.15		
III. DBPR COMPLIA	ANCE REPORTING:				<del>O COOP</del>				15V-214 11VC
	Samples from Month mg/L:	0.06	Quarter	ly Average mg/L = Ave	erage of three mont	hly averages:	0.10	)	
Running Annual Aver	rage mg/L = Average of this quart	ter and three prior co	onsecutive quar	terly averages.	0.22				
l certify under pei	nalty of law that I am the person authoriz	ed to fill out this form a	nd the information	contained herein is true, ac	curate and complete to	the best of my kno	wledge and belief		
i illiary Cert	med Operator of Laboratory I	Director Signature	and Date:	Manle	- ( X/III )	7.72	15		
FOR DEP/DWP USE ONI.	copies of this report to your DE. Y: PLEASE INITIAL AND DATE AS CO	r Kegional Office w	ithin 30 days o	f receipt of results and	no later than 10 da	ys after the end	of the reporting	g period.	
Accepted:	Disapproved:	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	ed into WQTS:	Cor	nments:				
		1 - and Biller	o // Q10.	Col	initellis.				